Easter Seals Ontario
Helping Kids with Physical Disabilities Succeed

TOP UP GRANT PROGRAM 2025-2026

Dear Parent/Legal Guardian,

You are receiving this letter and Top Up application form as your child is currently receiving the Incontinence Supplies Grant Program (IG Program) and **may** be eligible for the **Top Up Grant Program,** administered by Easter Seals Ontario on behalf of the Ministry of Children, Community and Social Services. This is a **separate** grant program to the IG program and has different eligibility criteria.

The Top Up Grant is an **additional, one-time payment** to assist in the subsidy of your child's incontinence supplies. Please read the following carefully, as specific eligibility requirements must be met to qualify.

APPLICATION SUBMISSION DEADLINE: DECEMBER 31, 2025

Your child **MAY** be eligible for the Top Up Grant Program if they meet **ALL THREE** of the following criteria:

1. **Your child must be active on the Incontinence Supplies Grant Program (IG Program) administered by Easter**

2. **Your child must be receiving funding from the Assistance for Children with Severe Disabilities (ACSD) from the Ministry of Children, Community and Social Services (MCCSS) during the eligibility period.**
   - If you are unsure of your status on the ACSD program, please contact your Special Agreement Officer.

3. **You, as the parent/legal guardian, must not be receiving additional income support from Ontario Works (OW) or Ontario Disability Support Program (ODSP) for yourself.**
   - Please contact your OW/ODSP support worker to learn more about other grants you may be eligible for.

If **ANY** of the above criteria cannot be met, your child is **NOT ELIGIBLE** for the Top Up Grant Program, and this form **should not be submitted.**

If you do not meet the Top Up eligibility, you will continue to receive IG Program payments, provided you continue to meet the eligibility criteria for the IG Program.

Once you submit an application, we will process it in a timely manner. All Top Up applicants are verified by the Ministry of Children, Community and Social Services (MCCSS) for eligibility. Please note that it may take 10-12 weeks to process your application.

Approval (or denial) letters will be sent via email or by mail. Payments, if eligible, will be sent via Electronic Funds Transfer (EFT) or by cheque, based on what has been set up for IG payments. Thank you for your patience.

Toll Free: 1-800-668-6252 | GTA: 416-421-8778 ext.324 | Email: topup@easterseals.org

Application on back ⇨

Helping Kids with Physical Disabilities Succeed

TOP UP GRANT PROGRAM 2025-2026

APPLICATION SUBMISSION DEADLINE: DECEMBER 31, 2025

- **Confirm & Complete** the information on file and the Confirmation Checklist (**all boxes must be checked to qualify**).
- **Consent:** Sign the Consent portion. Please be sure to print your name on the top line and sign the bottom line.
- **Witness:** Have a witness sign the form. The witness can be anyone over 16 years of age, including family members.
- **Return** Completed Top Up Consent form to Easter Seals Ontario by email, fax, **or** mail.

Name of Parent/Legal Guardian that receives ACSD payments: _____

Child's FIRST Name: _____ **Child's LAST Name**: _____

Child's Date of Birth: _____ /_____ /_____ (dd/mm/yyyy)

OFFICE USE	PLEASE PROVIDE MOST CURRENT INFORMATION BELOW
☐	**Mailing Address:**
☐	**Phone:**
☐	**Health Card #:** **Version Code** (2 letters, if applicable):
☐	**Email:**

NOTE: Email correspondence is preferred to reduce time and postage costs. Please provide a current email address for all future correspondence. Clients who do not provide an email will receive applications via mail.

I CONFIRM THAT MY CHILD MEETS THE ELIGIBILITY CRITERIA (check all that apply):

☐ My child is **ACTIVE** on the Incontinence Supplies Grant Program during the eligibility period

☐ My child **IS RECEIVING** Assistance for Children with Severe Disabilities (ACSD) during the eligibility period

Please provide client's ACSD Member ID # (if known): _____

☐ I am not receiving additional income support from Ontario Works (OW) or Ontario Disability Support Program (ODSP) that is meant for me or another legal guardian of the child named above.

If **ANY** of the above criteria is not met, your child is **not eligible** for the Top Up Grant, and this form **should not be submitted. You will continue to receive the Incontinence Supplies Grant Program, provided all requirements continue to be met.**

CONSENT FOR RELEASE OF INFORMATION

I,_____consent to the release of information, records, or documents between
(Name of Parent/Legal Guardian–PLEASE PRINT)
authorized representatives of Easter Seals Ontario and the **Ministry of Children, Community & Social Services** for the purposes of verifying my child's ongoing eligibility.

NEW: The Top Up Grant Program is moving to an online/email-based program. I understand that is my responsibility to ensure that the Top Up Grant Program has a current email address on file.

_____ _____ _____/_____/_____

Signature of Parent/Legal Guardian | Signature of Witness (anyone over 16 years old) | Date (dd/mm/yyyy)

THIS CONSENT IS LEGAL UNTIL MARCH 31, 2026 UNLESS REVOKED SOONER IN WRITING.

EMAIL: topup@easterseals.org (.pdf attachment preferred)

MAIL: **Easter Seals Ontario - Top Up Grant Program**
700- 1 Concorde Gate Toronto, ON, M3C 3N6

FAX: **416-696-1035**

OFFICE USE ONLY
IG ID #:
Status: